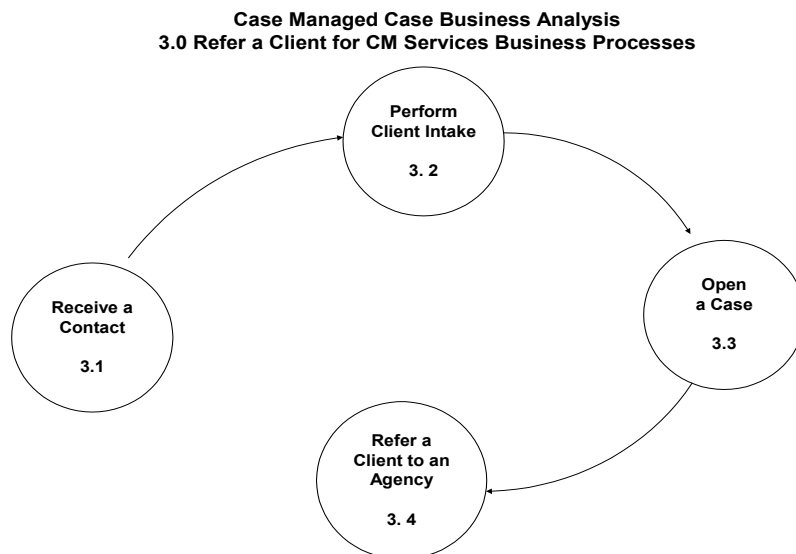# I. Functional Overview

A. Project Description

The goal of the Case Managed Care system (CMC) is to provide an information base that supports effective resource management and clinical care decisions. Currently, several data and manual systems are used to store information to meet funding and operational requirements. This leads to duplicate information being collected and maintained and the necessity to hand-tally and sometimes re-enter reporting information. The CMC integration project seeks to reduce the duplicate recording, entry, transmission, and storage of client and services data.

CMC also seeks to provide up-to-date client information to case managers and their supervisors. Additionally, the project seeks to provide managers, planners, and contract specialists quick answers to summary questions about clients and their services.

B. Business Process Detail

The business processes that comprise case management services include: intake, assessment, authorization, referral to service providers, quality assurance, contracting with vendors, billing, and payment.
The following model and definitions represent three key business processes:

Case Managed Case Business Analysis
3.0 Refer a Client for CM Services Business Processes

Perform Client Intake 3. 2

Receive a Contact 3.1

Open a Case 3.3

Refer a Client to an Agency 3. 4

Case Managed Case Business Analysis
4.0 Manage a Case Business Processes

Gather client background information
4.1

Schedule client meeting
4.2

Assign a case
4.11

Assess client need
4.4

Conduct a fair hearing
4.10

Establish a service plan
4.5

Terminate a case
4.9

Monitor client status
4.7

Case Managed Care Business Analysis
6.0 Perform Billing Business Process

Prepare Invoice Backup
6.1

Reconcile Service Authorizations
6.2

Pay a Service Provider
6.3

Bill Grantor
6.4

Receive Grantor Funds
6.5

Key	Process Name	Definition
0.0	CMC	Case Managed Care. A process that coordinates services and manages resources, within a budget, through case management for a client so the client can retain their independence in the community.
3.0	Refer a client	A process that sends a client or potential client to an organization that can provide appropriate information, resources or assistance. Includes three types of referrals: to CMC from an outside source, to an outside agency from CMC and an internal referral from one CMC office to another CMC office.
4.0	Manage a case	A process that coordinates services and manages resources for a client, so the client can retain independence in the community.
4.2	Schedule a client meeting	A process that sets up a contact with a client, within time guidelines specified by service purchasers, and taking into account the availability of the client and an interpreter, if needed, to meet.
4.4	Assess a client's needs	A process that performs a systematic and standardized evaluation of a client's functional and cognitive capacity and limitations, and other needs, strengths, abilities and resources.
4.5	Establish a service plan	A process that negotiates with a client, potential service providers, family members and other individuals to establish specific solutions to a client's problems and needs, according to limits established by service purchasers. A written document is created that outlines problems and needs, services needed to address the problems and needs—including who will serve when and how —and specific outcomes planned. The documentation includes as many specifics as possible.
4.7	Monitor a client's status	A process that insures that case management is being provided at the appropriate level and intensity for a client, that services are implemented in accordance with the service plan and are of adequate quality, and that problems are resolved promptly with changes made to the service plan as needed.
4.9	Terminate a case	A process that changes the status of a client's case from active to inactive.
4.10	Conduct a fair hearing	A process that conducts an impartial hearing of a client's request to review a change in the status of a case.

Key	Process Name	Definition
4.11	Assign a case	A process that assigns the responsibility for a case to a case manager.
6.0	Perform service provider billing	A process that accepts billing from providers for goods and services provided, pays providers and then bills grantors for reimbursement.
6.1	Prepare invoice backup	A process that prepares a form for a service provider to use to document services they have performed. 1. Record authorized service amounts. 2. Create an invoice backup form. 3. Send the form to a service provider.
6.2	Reconcile service authorizations	A process that compares the service amounts claimed by a service provider with previously authorized service amounts. 1. Receive a completed invoice backup form from a service provider. 2. Record service amounts. 3. For a client, compare the amounts of service authorized to levels claimed by a service provider. 4. Reconcile totals. 5. Send results to the service provider. 6. Send results to the contract monitor.
6.3	Pay a service provider	A process that determines and authorizes an actual amount to pay to a service provider.
6.4	Bill grantor	A process that requests reimbursement from a fund source for services provided by CMC. 1. Get actual costs and numbers of clients from various data stores. 2. Reconcile discrepancies. 3. Adjust expenditures. 4. Create billing and billing backup form. 5. Send billing and billing backup form to service purchasers by way of City General Ledger.. 6. Accrue information about both internally and externally done billing. 7. Record billing information in manual files.

Key	Process Name	Definition
6.5	Receive grantor funds	A process that receives reimbursement monies from a fund source. 1. Receive a payment, usually a check or warrant. 2. Record payment information in log. 3. Send check and log to GL unit for deposit. 4. Review warrant register and compile totals by service area. 5. Record reimbursement information in manual files. 6. Reconcile invoice amount to warrant totals.

C. Scope of Project

1. Areas for integration and design include the following:

a) Client Caseload Tracking

- **CORE** (Title 19): the CORE module provides daily real-time access to over ninety clerical, case manager, social service aide, supervisor/manager, and nursing staff. Thirty planning and administrative staff need access to ad-hoc and canned reports. Clerical staff is the primary group to modify client demographic and service information. Case manager and social service aides can modify portions of the CORE module such as progress notes. All users should have read rights to canned reports. All users should have read rights to basic demographic and service detail. Case managers should have access to detailed caseload information.
- **Discretionary CM**: The scope for discretionary is the same as CORE.
- **SHA**: The scope for SHA is similar to CORE except there are about ten case managers who need read, write, and report access for client service detail. The scope also includes the ability for case managers to import and export some client service detail and progress notes using palm technology.
- **Section 8**: Clerical staff and planning/admin staff will create and modify Section 8 data. Case managers and managers should have read rights and access to reports.
- **African American Elders (AAEP)**: The AAEP module provides daily real-time access to three case managers, one social service aide, and one manager who create and modify client service detail. All other case managers need only read rights to the status of AAEP as it relates to their own caseload.
- **PEARLS**: Clerical staff and two case managers create and modify client service detail. Case managers need read rights to the status information of a client in the PEARLS study.

- **Adult Protection Service (APS)**: Clerical staff create and modify APS information. Managers need access to reports. Case managers will have read rights to the status of APS as it relates to their own caseload.
- **Intensive Case Management (ICM)**: Clerical and one case manager will create and modify client service detail. Planning/Admin staff and managers will have access to reports. Case managers will have read writes to the status of ICM it relates to their own caseload.
- **Mental Health**: One planning/admin staff will create and modify client service detail on a monthly basis. One planning/admin and managers will have access to reports. Case managers will have read rights to mental health status information as it relates to their own caseload.

b) Nursing Services:

Eight nurses will create and modify nurse activity and access reports on a daily basis. Planning/Admin staff and managers will have access to reports monthly. Case managers will have read writes to nursing service information as it relates to their own caseload.

c) Diabetes Registry:

Clerical and nurses will create and modify registry data on a daily basis. Planning/Admin staff and managers will have access to reports. Case managers will have read rights to diabetes registry information as it relates to their own caseload.

d) Amy Wong Fund:

Accounting tech will create and modify service authorization data. Case managers need read access and may at some point create and modify their authorizations. Supervisors need monthly budget reports for their team. Sub-contractors need read and write access remotely.

e) Individual Provider:

Clerical staff create and modify IP training records. Case managers need read rights to IP data and reports as it relates to their own caseload.

2. Existing systems to interface with CMC:

- **Respite billing**: Three Respite coordinators create service requests and authorizations using SQL database with VB front end. The connection should be real-time.
- **Homecare Billing**: Five finance staff use an Access 97 database to record agency service authorizations. The connection should be real-time.

- **Homecare Referral**: SQL database with web front-end that contains referral information and agency worker time, mileage, travel time, and tasks. The connection should be real-time.
- **State Comprehensive Assessment (CA)**: Sixty case managers use a local access 2.0 database with VB front-end to document client demographic, health and function, and service level detail. There are two options for interface with CMC. First, CMC pulls data real-time from the local CA when case managers are connected to the HSD network. Second, CMC interfaces with data from the ADS SQL CA database that is updated weekly.
- **Senior Services**: Access database containing client and program information of senior services. Senior services make referrals to ADS for AAEP and discretionary cases. The goal is to have a common intake user interface. Updates from senior services to CMC should be daily based on specific rules.
- **Sub-contractors client tracking** (ECN, ACRS, CISC): The connection should be daily update based on rules.

3. Areas outside the scope:

Subject areas that are beyond the scope of this current project include the following: data systems such as accounting and payroll systems; data exchange between payment systems such as Summit and the state SSPS. Other subject areas out of scope include ADS programs that do not directly deal with either case management client data or homecare billing and reconciliation data, for example Nutrition, Employment, Utility Credit Program.

II. Environment

A. Architecture and Accessibility

About 130 ADS staff from both the Seattle and Kent offices will use the CMC system. CMC needs to be accessible by remote users either through remote access via Citrix, VPN or through a web interface. ADS partners will also need limited access to some of the functions of CMC. The general rule we will apply to accessing data is based on the need to know. (See Appendix A -data access graph.)
There are multitudes of state and federal laws that access to data must comply with. Some examples of these rules are the Washington State Administrative Codes (WACs), the Federal Health Insurance Portability and Accountability Act (HIPAA), and the Freedom of Information Act (FOIA).

B. Design Tools

CMC will abide by city standards and use both SQL for the database and Visual Basic for the user interface tool.

1. GUI Design

- **User Control**: mouse and keyboard accessibility.
- **Responsiveness**: convert any cryptic computer-generated message to polite, understandable feedback.
- **Customization**: allow users to reorder, resize columns in a large result set if possible.
- **Consistency:** adhere to a standard look and feel, menu names, command button names and placement.
- **Clarity:** use real-world language.
- **Aesthetics**: group data in logical sequences, limit the number of business events on one screen.
- **Forgiveness:** allow for user to abandon the transaction by using undo, cancel, confirm changes, etc..

C. Adjacent Systems

1. Firewall Issues

2. Tangential Systems (See appendix B for complete description)

- Comprehensive Assessment
- Respite
- Home Care Billing
- Home Care Referral and Time Tracking
- Data Warehouse
- Senior Services Access database
- Evergreen Care Network client database
- Asian Counseling and Referral Service database

III. Functionality by Module

A. Intake Functionality

ADS support staff will perform intake functions. Intake staff will create client records based on files received from Home and Community Services (HCS) and/or FAXs received from neighborhood information and assistance agencies (I&A agencies). *At some point, we hope to have an electronic referral from the I&A agencies where they would enter referral information via the web and ADS would be notified through an e-mail and/or a flag in CMC.*

1. Create a Client Record

The Intake staff person creates and modifies client records. They should have access to all basic intake and demographic information fields.

If a client is new to the system, the intake staff should be able to create a new record that will later be associated with a comprehensive assessment.

The following table defines the common fields and any business rules for intake:

Field Name	Required on Intake	Data Validation
Client name (last, first)	Yes	Check if current client exists using name, DOB, SSN.
Address	Yes	
City		
Zipcode	Yes	5 digit
Phone	Yes	10 digit required, mask as (xxx) xxx-xxxx Need an alternative if no phone.
DOB	Yes	Mask as mm/dd/yyyy
Social Security	Yes	Mask as xx-xx-xxxx
Gender		
Ethnicity		
Language		
Income		
Intake date	Yes	Mask as mm/dd/yyyy, default to today's date
CM Assignment date		Mask as mm/dd/yyyy
Program Type		
Program begin date		Mask as mm/dd/yyyy, begin date can not be greater than the current date.
TGCM		Yes/No
Referral Source		
CA Client ID	Yes	State generated ID >1000; not available on intake for Discretionary cases
Office		
Case manager		
Intake staff	Yes	

At the time of intake, the client record is assigned to a supervisor based on a zip code (Kent) or on a balanced formula for case assignment (Seattle).

The supervisor reviews the client record and assigns it to a case manager. Currently, the supervisor notifies the intake staff about case assignment. *The supervisor may record the case manager into CMC at a later time.*

2. Generate Face Sheet

Each time a new client record is created, the intake staff person should be prompted to generate a face sheet. A face sheet can also be generated on demand. The system does not need to track whether a report was generated. *The intake staff person may also be prompted to send an e-mail notification to the newly assigned case manager.*

The face sheet report should include client name, address, phone, intake date, date of birth, ethnicity, income, ssn, TGCM (yes/no), program begin/end dates, referral agency, visit schedule, case manager. If any fields are unknown, the field should print with a blank line.

The visit schedule is a calculation based on CM assignment date. The following tables outline the schedule rules:

Program	30 day face-to-face	1st Contact	2nd Contact	3rd Contact	Annual review
COPES/PC	30 days from intake date	Method: face-to-face, phone, collateral	Method: face-to-face, phone, collateral	Method: face-to-face, phone, collateral	1 year from 30 day contact
Chore	30 days from intake date (Visit)	Method: face-to-face, phone, collateral	Method: face-to-face, phone, collateral	Method: face-to-face, phone, collateral	18 months from 30 day contact

Program	30 day face-to-face	2nd Face-to-Face	1st Contact	2nd Contact	Annual Review
TGCM	30 days from Cm assign date				1 year from 30 day contact

Program	Initial Phone Contact	1st Face-to-face	90 day review	Annual Review
Discretionary	3 days from intake date (Phone)	10 days from intake date (In-home assessmt)	90 days from intake date	1 year from 90 day visit
SHA	3 days from intake date (Phone)	10 days from intake date (In-home assessmt)	90 days from intake date	1 year from 90 day visit
AAEP	3 days from intake date	10 days from intake date	90 days from initial visit	1 year from 90 day visit

B. Client Maintenance Functionality

Case managers are responsible for creating and maintaining assessment data for their own caseload in the Comprehensive Assessment System. (See Appendix C -CA tables). Case managers enter data into a local CA system and then upload to the state usually weekly. The state creates a weekly extract of all updated records of King County clients. ADS imports the extract into a SQL database.

Questions:
- *What portion of the assessment data do we need in CMC?*
- *What CMC fields can the CA change? Which ones should never be overwritten?*

1. Maintain Client Record

ADS support staff modify client records in CMC and Case Managers modify client records in the CA. Summary screens may display both CA and CMC client information. It is necessary to view historical data on the summary screen. Historical data includes prior program dates and the prior case manager.

The following table defines the fields and business rules needed to maintain a client record in CMC:

Field Name	Required	Business rules
Client name (last, first)	Yes	Can CA overwrite?
Address		Can CA overwrite?
City		
Zipcode		5 digit
Phone		10 digit required, mask as (xxx) xxx-xxxx
DOB	Yes	Mask as mm/dd/yyyy
Social Security	Yes	Mask as xx-xx-xxxx
Gender		
Ethnicity		
Diagnosis		CA
Language		
Income		
Housing status		CA
Intake date	Yes	Mask as mm/dd/yyyy
CM Assignment date		Mask as mm/dd/yyyy
Termination date		Mask as mm/dd/yyyy
CA Client ID	Yes	State generated ID >1000
Office		
Case manager		
Nurse		
Intake staff	Yes	
TGCM		Yes/No
Referral Source		From CA
Referral Date		From CA
Emergency Contact		From CA

Field Name	Required	Business rules
Service Plan mail date		Mask as mm/dd/yyyy
Service Plan return date		Mask as mm/dd/yyyy
Client Consent date		Mask as mm/dd/yyyy

2. Maintain COPES Program Record

ADS support staff will modify the COPES program records in CMC and Case Managers will modify program records in the CA. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a COPES program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Income		From CA
Functional ADLs		*From CA – Does this need to be displayed on CMC screens?*
Assessment date		From CA
Assessment type		From CA
Provider		IP or Agency
ETP end date		Mask as mm/dd/yyyy
ETP amount		Maximum amount is $3148.05
Policy Exception date		Mask as mm/dd/yyyy
Policy Exception Request Amount		
Authorized hours		If agency provided, will get from HCBR.
Service plan mail date		Mask as mm/dd/yyyy
Service plan receive date		Mask as mm/dd/yyyy
Consent date		

3. Maintain MPCS Program Record

ADS support staff will modify the MPCS program records in CMC and Case Managers will modify program records in the CA. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a MPCS program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Income		From CA
Functional ADLs		*From CA – Does this need to be displayed on CMC screens?*
Assessment date		From CA
Assessment type		From CA
Provider		IP or Agency
ETP end date		Mask as mm/dd/yyyy
ETP amount		Maximum amount is $3148.05
Policy Exception date		Mask as mm/dd/yyyy
Policy Exception Request Amount		
Authorized hours		If agency provided, will get from HCBR.
Service plan mail date		Mask as mm/dd/yyyy
Service plan receive date		Mask as mm/dd/yyyy
Consent date		

4. Maintain Chore Program Record

ADS support staff will modify the Chore program records in CMC and Case Managers will modify program records in the CA. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a Chore program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.

Field Name	Required	Business rules
Income		From CA
Functional ADLs		*From CA – Does this need to be displayed on CMC screens?*
Assessment date		From CA
Assessment type		From CA
Provider		IP or Agency
ETP end date		Mask as mm/dd/yyyy
ETP amount		Maximum amount is *$3148.05*
Policy Exception date		Mask as mm/dd/yyyy
Policy Exception Request Amount		
Authorized hours		If agency provided, will get from HCBR.
Service plan mail date		Mask as mm/dd/yyyy
Service plan receive date		Mask as mm/dd/yyyy
Consent date		

5. Maintain SHA Program Record

ADS support staff will modify SHA program records in CMC and Case Managers will modify program records in the CA. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a SHA program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Physician/Clinic		CA
Physician/Clinic phone		CA
SHA Level		Level 1 = assistance; Level 2 = Case Management; Level 3 = Intensive Case Management
SHA Status		Inactive, active – clients may be inactive, but not closed.
SHA Bldg Name		
SHA Bldg ID		
SHA Bldg Type		SSHP or Hi-rise
SHA Bldg contact		

Field Name	Required	Business rules
SHA Bldg contact phone		
Service Type		For level 1, eviction is the only service type *(are there service for other levels?)*
Service Outcome		Eviction: yes, no, pending

6. Maintain Discretionary CM Program Record

ADS support staff will modify Discretionary program records in CMC and Case Managers will modify program records in the CA. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a Discretionary program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Level		?????
Service Type		
Service Outcome		

7. Maintain Section 8 Program Record

ADS support staff and planning/administrative staff will modify Section 8 program records in CMC. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a Section 8 program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Client DOB		
HOPE		Yes/NO – type of section 8 that is different

Field Name	Required	Business rules
		from King County Housing Authority.
Application date		Mask mm/dd/yyyy
Start date		Mask mm/dd/yyyy
Voucher date		Mask mm/dd/yyyy
Lease date		Mask mm/dd/yyyy
Bedroom request		Number of bedrooms requested
Withdraw date		Mask mm/dd/yyyy
Voucher flag		Yes/No

8. Maintain Intensive Case Management (ICM) Program Record

ADS support staff and ICM case manager and/or Supervisor will modify ICM program records in CMC. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain an ICM program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		Display other programs client is on
ICM begin date		Mask as mm/dd/yyyy.
ICM end date		Mask as mm/dd/yyyy.
Income Level		Display as categories: SSI or less; 40% SMI; 80% SMI; Not low income
Housing Type		Display as categories: Own home, rental/non-subsidized; homeless; transitional or temporary
Initial contact date		Mask as mm/dd/yyyy
Contact activity		
Contact date		Mask as mm/dd/yyyy
Risk factors		Categories: (MH) Mental health/Behavioral; (SA) Substance Abuse; (CG) Cognitive Impairment
Problem focus		
Outcome		

9. Maintain Adult Protective Service (APS) Referral Record

ADS support staff will modify APS program records in CMC. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain an APS record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Referral date		Mask as mm/dd/yyyy
Report date		Mask as mm/dd/yyyy
Report date received		Mask as mm/dd/yyyy
Referral Source		
Referral Type		Categories: self-neglect, neglect, mental abuse, physical abuse, sexual abuse, exploitation, and abandonment.
Findings		Categories: substantiated, unsubstantiated
APS worker		

10. Maintain African American Elder Program (AAEP) Record

ADS support staff, AAEP case manager, and/or supervisor will modify AAEP records in CMC. Summary screens may display both CA and CMC client information. The client's program and service information should also be displayed on summary screens.

The following table defines the fields and business rules needed to maintain an AAEP record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program type		
Program begin date		Mask as mm/dd/yyyy, Begin date can not be greater than the current date.
Program end date		Mask as mm/dd/yyyy. End date cannot be less than the begin date.
Referral source		
Referral date		
Service provision		
Service unit		
Service provider		
Service provider contact		
Service date		
Service outcome		
Diagnosis		From CA
Diagnosis status		Categories: managed, unmanaged
Presenting problem		
Physician		From CA
Treatment		From CA
Medications		From CA

Field Name	Required	Business rules
Allergies		From CA
Medical Equipment		From CA
Volunteer name		
Volunteer match date		Mask as mm/dd/yyyy
Privacy flag		Yes/no – If yes, client information not accessible to anyone except AAEP CM and supervisor

11. Maintain Mental Health Program Record

ADS support staff and planning/administration staff will modify the mental health program records in CMC. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a mental health program record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		Display other programs client is on
Referral date		Mask as mm/dd/yyyy
Service date		Mask as mm/dd/yyyy
Service hours		
Service type		Categories: consultation, visit, assessment, travel, assessment follow-up
Service agency		Categories: Seattle Mental Health, GRATT, Dr. Wills
Evaluation date		Mask as mm/dd/yyyy

12. Terminate Client Record

ADS support staff and/or supervisor will terminate a client in CMC. A client is terminated for the following reasons: died, no longer eligible, transferred to another AAA, transferred to HCS, moved out of state. The close date on a program can never be prior to an open date.

13. Review On-Demand Caseload Summary Reports

- ICL
- Case assignment for supervisors

CM	Target caseload	Terminated Client Name	Prog	Term date	Beg #	# of Term	# of New	Total	New clients

C. *Individual Provider Functionality*

ADS support staff are responsible for creating and maintaining Individual Provider (IP) training and eligibility data. Case managers are responsible for ensuring that training requirements are met, but currently do not enter data.

Currently, the IP data is stored in an Access 97 database. All records should be migrated to CMC.

Questions:

- *Do we want CMs to enter their own data?*

1. Maintain IP Record

ADS support staff will enter IP demographic and tracking information. Case managers will have look up ability for their client's individual providers. It is possible that multiple case managers use the same IP.

Field Name	Required	Business rules
IP last name		
IP first name		
IP middle		
IP phone		
IP address		
IP city		
IP zip		
Provider number	Yes	No duplicates
IP SSN		
IP DOB		
Watch sent date		Mm/dd/yyyy
RCS sent date		Mm/dd/yyyy
RCS return date		Mm/dd/yyyy
Criminal history result		Categories: clear, disqualifying, nondisqualifying, pending
Intake date		Mm/dd/yyyy; date client came into office, do not change.
Entry date (change date)		Mm/dd/yyyy default to today's date
Initial date of service (hire date)		Mm/dd/yyyy
Office		Kent or Seattle
Case manager		
Client		
FCG taken date		
CE Taken date		Mm/dd/yyyy; IP takes the CE every year – need to keep history.
Comments		
Language		

Field Name	Required	Business rules
Contract end date		
Provider status		Categories: active, inactive, inactive-available
Terminate date		
Program		MPCS, Chore, COPES
Registration date		Mm/dd/yyyy
Registration type		
FBI check		Yes or no
FBI sent date		Mm/dd/yyyy
FBI return date		Mm/dd/yyyy
Referral Office		Categories: HCS, Seattle, Kent, ECN, ACRS, CISC, Other AAA, Other HCS
Proof of SSN		Yes = SSN was verified
Proof of DL		Yes = Driver's license verified
Proof of ID		Yes = Other ID verified
FCG paid		Yes = IP was paid for FCG training
CE paid		Yes = IP was paid of CE training

2. Generate IP Reports

ADS support staff generate monthly and ad-hoc IP reports and labels. The current system has about thirty reports (Appendix D – IP reports description).

D. Nurse Monitoring Functionality

1. Maintain Nursing Service Program Record

ADS nurse staff, case manager, and/or supervisor will modify Nurse program records in CMC. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a Nurse record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program Type		MPCS or COPES
Nurse		
Nurse Activity		Categories: in-office conference, phone consult, field visit, new client file review, on-going client file review

2. Generate Quarterly Nurse Summary and CM Utilization Reports

ADS staff produce quarterly reports and charts on the number of activities and referrals, and type of activities by team. An example of the report is below:

- Total NS Activities and Referrals

Team	Activities	Referral	New Clients	Referral + New	% New	% Referral	Core clients
Team A	145	115	66	181	36%	64%	613
Team B	180	61	29	90	32%	68%	502
Totals							

- Type of Nursing Activities

Team	Office	Phone	Field Visit
Team A	109	24	12
Team B	71	66	43
Totals			

- Nursing Service Caseload Summary by Team (Team A)

CM	Activities	Referrals	% of caseload	Month X Core cases	New clients reviewed
CM 1	18	16	19%	85	9
CM 2	8	6	13%	47	7
CM 3	23	20	24%	85	12
Totals					

- Nursing Service Utilization (Team A)

CM	Activity Type	Jan. Activity	Jan Referral	Aug Activity	Aug Referral	Sept Activity	Sept Referral	Totals
CM1	Office	0	1	13	13	3	3	
	Phone	0		1		0		
	F.V.	1		0		1		
	Totals	1	1	14	13	4	3	

3. Generate On-Demand Nursing Service Statistics (State Report)

Month	# of clients served	Unduplicated Count	RN staff hours
January	561	481	1006
February	562	450	1063
March	533	497	964
April	519	465	951
Year to date			

4. Generate Annual Nursing Services Summary Report

- Total Referrals

Team	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year Total	Year Average
Team A	84	123	115	163	485	121
Team B	84	62	61	66	273	68
Total						

- Total Activities

Team	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year Total	Year Average
Team A	106	162	145	198	611	153
Team B	207	160	180	156	703	176
Total						

- Activity Type

Activity	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year Total	Year Average
Office	515	585	605	612	2317	579
Phone	233	270	310	262	1075	269
Field Visit	126	120	111	85	442	111
Total						

- Caseload Summary (Team A)

CM	Activities	Referrals	200x avg % of caseload	200x avg Core cases	New clients reviewed
CM1	66	48	29%	66	30
CM2	40	33	12%	53	22
Totals/Avg					

- Nursing Service Utilization

CM	Activity Type	1st Qtr Act.	1st Qtr Refer.	2nd Qtr Act.	2nd Qtr Refer.	3rd Qtr Act.	3rd Qtr Refer.	4th Qtr Act.	4th Qtr Refer.	200x Totals
CM1	Office	0	1	13	13	3	3	2	2	
	Phone	0		1		0				
	F.V.	1		0		1		2		
	Totals	1	1	14	13	4	3	4	2	

E. Amy Wong Functionality

1. Create Service Authorization

Case managers are responsible for determining client eligibility and service need. Case managers also complete an authorization form. Currently, ADS Accounting Staff will

enter the authorization into the database. The following fields are required for an authorization:

Field Name	Required	Business rules
CA client ID	Yes	
Client name		
Client phone		
Client address		
Client SSN		
Client age		
Authorization month		
Goods/Svc description		
# of units		
Type of units		
Total cost		
Client co-pay		
Vendor name		
Case manager		

Question:
- *Should the case manager enter his or her own authorizations?*

2. Maintain Billing and Invoice

ADS Accounting staff are responsible for working with the vendor on any billing issues.

3. Maintain Vendor Data

ADS case managers and/or social service aides contact potential vendors or service providers regarding needed goods or services and negotiate costs. Case managers or social service aides determine if vendor is already an approved with the City of Seattle. If not, the case manager will collect the following information: vendor name, address, payment address, federal tax ID or SSN, vendor phone, vendor contact name, vendor type, comment. Currently the Accounting staff will enter this information.
Question:
- *Should the case manager be able to enter new vendor information?*
- *Should the case manager be able to update vendor information?*

4. Generate On-Demand Reports

- Authorization tickler
- Client history of authorizations with running totals
- Vendor history of service
- Service history detail
- On-going budget per team

F. Diabetes Functionality

1. Maintain Diabetes Registry Record

ADS support staff will modify the Registry record. Summary screens may display both CA and CMC client information.

The following table defines the fields and business rules needed to maintain a registry record in CMC:

Field Name	Required	Business rules
CA Client ID		
Case manager		
Program type		
Registry start date		Mask as mm/dd/yyyy
Registry close date		
File review date		Mask as mm/dd/yyyy
Client consent sent date		Mask as mm/dd/yyyy
Client consent return date		Mask as mm/dd/yyyy
Client contact date		Mask as mm/dd/yyyy
Consented		Yes/no
Physician name		From CA
Physician (PCP) phone		From CA
PCP fax		
PCP sent date		Mask as mm/dd/yyyy
PCP return date		Mask as mm/dd/yyyy
PCP contact date		Mask as mm/dd/yyyy
Insurance carrier		
Diagnosis year		
HGB-A1C date		Mask as mm/dd/yyyy – need history
HGB-A1C value		2 digit – need history; display calculated range normal (4-6), high (6-8),
Weight		From CA
Height		From CA
BMI		Display calculation from height/weight
Diabetes treatment plan		Yes/no
Intervention		Categories: medication management, diet/nutrition, exercise
Monitor glucose level		Yes/no – self reported
Smoking		Yes/no
Medications		From CA

2. Review HGB-A1C report

ADS staff should be able to view a history of the client's HGB-A1C tests. The report should show a graph of the last 5 test values.

G. System Administration

1. **Maintain User Table**

2. **Define/populate Look-up Table Values**

3. **Duplicate screening**

IV. Appendixes

A. Data Access

Program	Data Description	ADS Clerical	ADS Case Manager/RN	ADS Supervisor	ADS Plan/Admin	Sub-Contractors/ Partners	I&A
Medicaid	Clt. demographics, basic intake data	Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Own caseload: Look-up, modify (CISC)	None
Discretionary	Clt. Demographics, basic intake data	Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Own caseload: Look-up, modify (CISC)	Look-up referred
AAEP	Clt. Demographics, basic intake data	Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Public Health, Senior Svcs: Look-up modify own	Look-up referred
SHA	Clt. Demographics, basic intake data	Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	None	
Amy Wong	Clt. Demographics, svc authorization, vendor	Acct. Tech: Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Own caseload: Look-up, modify	None
Nursing Services	Nurse activity	None	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Own caseload: Look-up, modify	None
Diabetes Registry	Clt health	Reach Coord: Look-up all Modify all	Own caseload: Look-up, modify	Team caseload: Look-up, modify	Ad-hoc & can reports	Own caseload: Look-up, modify ACRS only	None
Individual Provider	IP demographic, training	Look-up all Modify all	Look-up all Can reports	Look-up all Can reports	Ad-hoc & can reports	None	None

B. Adjacent Systems

System	Data Description	Direction of Data	Frequency
Comprehensive Assessment (CA)	Client Demographics	From CA to CMC	Real-time
Summary:	An Access 2.0 database with a VB front end residing on individual desktops and laptops around the state. Case managers upload the database information using a modem or WAN connection to AASA central CA database in Lacey, WA. The CA is used to collect client information to determine the need for services and referrals to other community resources. In addition, it is a tool used to reassess the needs of clients who have been screened and are eligible for case management services. The two main reports the system generates is the CA document and Service Plan. The state is planning an upgrade to the CA to the current VB and Access.		
Respite	Client Demographics, Budget	From Respite to CMC	Real-time
Summary:	An ADS SQL database with a VB front-end that tracks basic client demographics, service request, service authorizations, budget, and produces billing reports to agencies. There are plans to build a web front-end by the end of 2000.		
Homecare Billing (HCBR)	Homecare agency client billing – hours served	From HCBR to CMC	Real-time
Summary:	An ADS Access 97 database which contains authorization history for MPCS, COPES, and Chore agency clients. It is used to create invoices for the provider agencies to bill ADS for home care services to clients. The database is used by only a few users and is a stand-alone.		
Social Service Payment System (SSPS)	Service authorization, authorized and provider hours for IP and Agency served clients	Web reports available by office.	Monthly??
Summary:	A database embedded in the Washington State automated system that generates monthly payments to independent providers, service providers, and the AAAs. Home and Community Services and AAA case managers authorize the payments. SSPS is located on a Unisys mainframe in Olympia, WA. The current MS-DOS Pascal front end is supposed to be rewritten using VB 5.0. Web reports are available through the COLD system.		

System	Data Description	Direction of Data	Frequency
HCR	Referral information	From HCR to CMC	Real-time
Summary:	HCR database resides on HSD's SQL Server. Case managers and Homecare Agencies use their internet browser to access HCR referral information via the Public Access Network (PAN) web server. In addition to the master HCR SQL Server db, a local HCR database resides along with the local CA db on each case manager's PC. Pertinent demographic and assessment data is pulled from the CA and populates the referral screen and writes to the local HCR database. Case managers enter additional referral data locally on their PC and upload to the SQL Server using ODBC connections. External case managers can also upload to the HCR SQL database using dial-in-networking.		
HCATT	Agency worker time	From HCATT to CMC	Real-Time
Summary:	Homecare aides will use an Interactive Voice Response (IVR) system to log the initiation and conclusion of hours worked from a client's home, mileage, travel time, and tasks. The IVR system will interface with the HCATT (HCR) system, a SQL database that stores basic agency employee and client information, and data from IVR application. Agencies will input client and employee data, maintain authorized hours and access reports via a web-front end. Case managers will have real-time access to HCATT information through their HCR web home page.		
Senior Services	Client, program	From Sr. Svcs. to CMC	Daily update based on rules (common intake)
Summary:	An access database on Senior Services network that contains client demographic data, case information, and case notes. Programs incorporated into the database include Senior I&A, African American Outreach, Minor Home Repair, African American Elders. External users are able to access and update client and case information via the internet.		
ECN Client db	Client, program	From ECN to CMC	Daily update based on rules.
Summary:	A client information Access database containing basic client demographic information, emergency contact, PCP, referral information, and daily case management activities on all ECN clients back to 1988.		

System	Data Description	Direction of Data	Frequency
ACRS Client db	Client, program	From ACRS to CMC	Daily update based on rules.
Summary:			
Data Warehouse	Client, service, program	From DW to CMC	Real-time
Summary:	A SQL database that contains client demographic and service utilization data. Single user. Subcontractors submit data files for discretionary funded services for the following program: Adult Day Health, Congregate and Home Delivered Meal, Health Maintenance, and Case Management. ADS staff imports data into the Data Warehouse for purposes of generating NAPIS reports to state, unduplicated client counts across service areas, and other adhoc reports.		

C. CA Tables

D. IP Report Description

Report Name	Description	Fields	Filter
Training Reports			
FCG 30 Day Tickler	List of all Ips who have not taken the FCG and initial service date is greater than 30 days. Report should be run weekly to capture new Ips.	Office, CM, IP name, initial svc date, FCG due date, IP ID, language, registration date and type, clt	Office, CM, Initial date, IP name
FCG 30 Day Labels	Report for printing 30 day tickler labels using either Maco ML-1400 or Avery #5162 labels.	IP name, IP address	IP name
FCG 75 Day Tickler	List of all Ips who have not taken the FCG and initial service date is greater than 75 days. Report should be run weekly.	Same as 30 day	Office, CM, Initial date, IP name
FCG 75 Day Labels	Report for printing 75 day tickler labels.	IP name, address	IP name
FCG Past Due (FCG Late List)	List of all Ips who have not taken the FCG and initial service date has exceeded 120 days.	Same as 30 day	Office, CM, Initial date, IP name
2000 CE Tickler	List of all Ips who have not taken a CE in 2000.	CM, CM2, office, IP name, IP ID, initial svc date, FCG taken, CE '99, registration date and type, lang, clt.	Office, CM, IP name
2000 CE Labels	Labels for 2000 CE report	IP name and address	Office, CM, IP name
2001 CE Tickler	List of all Ips who have not taken a CE in 2001.	CM, CM2, office, IP name, IP ID, initial svc date, FCG taken, CE '00, registration date and type, lang, clt.	Office, CM, IP name
2001 CE Labels	Labels for 2001 CE report	IP name and address	Office, CM, IP name
Background Check & Contract Reports			
Expiring BC (Watch Expiration)	List of all Ips who's background check will be expiring after 2 years. IIf(([WatchSentDate]+670)<=Now(),"y","n")	Office, Cm, watch sent date, IP ID, IP	Office, CM, Watch date

Report Name	Description	Fields	Filter
Expiring BC Labels	Labels for the Expiring BC report. Need check list in order to reprint as needed.	IP name and address	Office, CM, IP name
Pending BC	List of all Ips who's background check results are "pending".	Office, criminal history result, watch sent date, CM, IP	Office, Watch date, CM
FBI Tickler	List of Ips who have not had their FBI results returned.	Office, FBI sent date, IP, Clt, referral office, initial date of svc	Office, FBI sent date
Need FBI	List of Ips who need the FBI check	Office, initial date of svc, IP, Clt, referral office, FBI sent date, FBI return date	Office, IP
Expiring Contracts (contract expiring list)	List of all Ips who's contract will expire within a month. IIf((([Contract_End]-31)<=Now(),"y","n")	Office, CM, IP, Contract end date, Clt	Office, CM, Contract end date, IP
Contract Labels	Labels for the Expiring Contract report. Need check list in order to reprint as needed.	IP and address	Office, CM, IP name
RCS Tickler	List of all Ips who have completed Watch, but the RCS has not been returned within 30 days. IIf((([RCSSentDate]+30)<=Now(),"y","n")	Office, intake date, referral office, RCS sent date, IP, Clt	Office, IP
Watch/RCS	Watch or RCS has not been returned.	Office, intake date, IP ID, IP, watch sent date, RCS sent date, Clt, CM	Office, IP
Watch/RCS labels	Labels for the Watch/RCS report	IP and address	Office, IP
Case Manager Reports			
CM Monthly Seattle	List of all Ips by casemanager for the Seattle office. The CE date should be an expression: IIf([FCGTaken] Between #1/1/2001# And #12/31/2001#,"N/A",[CETaken01])	IP, office, CM, IP ID, FCG due date, watch sent date, RCS return date, contract end date, FCG taken, CE '01, clt	Office, CM, IP name
Seattle IP labels	Labels for the CM Monthly Seattle report. Mainly used for sending service plans to Ips. Need check list in order to reprint as needed.	IP and address	CM, IP
CM Monthly Kent	List of all Ips by casemanager for the Kent office.	Same as CM Seattle	Office, CM, IP name
Kent IP labels	Labels for the CM Monthly Kent report. Mainly used for sending	IP and address	CM, IP

Report Name	Description	Fields	Filter
	service plans to Ips. Need check list in order to reprint as needed.		
Office Reports			
Active Ips	List of all active Ips.	Office, IP, IP ID, initial date of svc, watch sent date, FCG taken, CE '01, contract end, Clt, CM	Office, IP
Active IP Labels	Labels for the Active List .	IP and address.	Office, IP
Inactive Ips	List of all Inactive Ips.	Office, IP, IP #, initial date of svc, contract end, termination date, Clt, CM	Office, IP
Available Ips	List of all Ips who's status is Inactive-Available.	IP, contract end date, criminal history result, FCG taken, CE '01, CM, zipcode	IP name
HCS Missing	List of Ips referred from HCS and are missing Watch, RCS, Contract, and FBI reports.	IP, intake date, initial service date, watch sent date, RCS return date, contract end date, FBI return date, FBI sent date, Clt, office	IP name